



KAISER PERMANENTE®
Kaiser Foundation Health Plan
of the Mid-Atlantic States, Inc.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2101 East Jefferson Street, Rockville, Maryland 20849

MONTGOMERY COUNTY GOVERNMENT

3012
Benefit & Services
Summary
Signature
01/01/06 to 12/31/06

The following is a general description of the benefits, services, exclusions, and limitations provided under Kaiser Permanente's health benefit plan. This is only a summary and does not fully describe your benefit coverage. For details on your benefit coverage, please refer to your employer's Group Agreement Face Sheet, Group Evidence of Coverage (MDLG-EOC-SIGNATURE or MDLG-EOC-SELECT), Group Agreement, and applicable Riders. The Evidence of Coverage is the legal binding document between Health Plan and its members. In the event of ambiguity, or a conflict between this summary and the Evidence of Coverage, the Evidence of Coverage shall control.

With the exception of Emergency Services and Out-of-Area Urgent Care Services, all covered in-plan services must be provided by, or authorized and arranged by your Plan Primary Care Physician. Gynecology, behavioral health, substance abuse, and optometry services may be obtained without a referral from your Primary Care Physician; however, they must be provided by a Plan Physician or other Plan Provider.

Accidental Dental Injuries	Copayment
Accidental dental injury services; Health Plan pays up to \$2,000 per member, per year.	\$5 per visit primary care co-pay waived for children up to age 5
Allergy Evaluation, Testing and Treatment	Copayment
Allergy evaluation, testing and treatment	\$5 per visit primary care co-pay waived for children up to age 5
Allergy Injection	\$5 per visit primary care co-pay waived for children up to age 5
Ambulance Transportation	Copayment
Covered ambulance transportation services	No Charge
Behavioral Health	Copayment
Inpatient mental health and substance abuse services provided through the Plan's managed care system	No Charge
Outpatient mental health and substance abuse services provided through the Plan's managed care system	\$20 per individual therapy visit and \$10 per group therapy visit
Chemotherapy and Radiation Therapy	Copayment
Chemotherapy and radiation therapy	\$5 per visit
Durable Medical Equipment	Copayment
Durable medical equipment	No Charge
Oxygen and Equipment	Copayment
Oxygen and equipment	No charge for the 1st three months, 50% each month thereafter
Asthma Equipment	Copayment
Spacers	\$5 per item
Peak-Flow Meters	\$10 per item
Nebulizers	\$30 per item
Habilitative Services	Copayment
Habilitative services	\$5 per visit primary care co-pay waived for children up to age 5

Summary of Services and Copayments

Emergency Services	Copayment
Inside and outside the Service Area	\$50 per visit
Family Planning	Copayment
Outpatient family planning visits	\$5 per visit
Outpatient surgery for a tubal ligation	\$5 per visit
Outpatient surgery for a vasectomy	\$5 per visit
Interrupted pregnancy	\$5 per visit
Hearing Services	Copayment
Covered hearing tests	\$5 per visit primary care co-pay waived for children up to age 5
Hearing Aids for children up to age 17 – Kaiser pays max of \$1,400 per hearing aid every 36 months	
Home Health Care	Copayment
Covered home health care	No Charge
Hospice Care	Copayment
Covered hospice care	No Charge
Hospital Services	Copayment
Covered hospital services	No Charge
Imaging, Lab Tests, and Special Procedures	Copayment
Inpatient diagnostic imaging, lab tests, and special procedures	No Charge
Outpatient diagnostic imaging, lab tests, and special procedures	No Charge
Infertility Services	Copayment
Office visits	50% copayment
Outpatient surgery	50% copayment
Outpatient imaging, lab tests, and special procedures	50% copayment
Hospitalization	50% copayment
In vitro fertilization	50% copayment
Health Plan pays up to \$100,000 per lifetime for in vitro fertilization	
Maternity Services	Copayment
Outpatient prenatal visits	No Charge
Outpatient postnatal visit	No Charge
Outpatient Services	Copayment
Primary/Specialty care visits	\$5 per visit primary care co-pay waived for children up to age 5
Same-day outpatient surgery	\$5 per visit
Physical, Occupational, Speech Therapy and	Copayment

Summary of Services and Copayments

Multidisciplinary Rehabilitation

Physical, Occupational, and Speech Therapy:
Inpatient services

No Charge

Outpatient services

\$5 per visit

Prosthetics

Copayment

Internally implanted devices

No Charge

Skilled Nursing Facility

Copayment

Care in Skilled Nursing facility

No Charge - 100 day limit per contract yr

Urgent Care

Copayment

Inside and outside the Service Area

\$5 per visit

Vision

Copayment

Eye refraction exams to determine the need for vision
correction and to provide prescription for eyeglasses

\$5 per visit
primary care co-pay waived for children up to age 5

Regular eyeglass lenses every 12 months

25% discount

An eyeglass frame every 12 months

25% discount

Medically necessary contact lenses

15% discount

Dental

Copayment

Covered dental services

Dental Rider - \$30 Preventative - Plan C

Prescription Drugs

Copayment

Covered prescription drugs

Rx Rider - \$5 through Mail Order or at a Plan
pharmacy, \$15 at a Participating Network pharmacy

Exclusions and Limitations:

This Benefit and Service Summary does not fully describe the exclusions and limitations associated with your Kaiser Permanente coverage. For a full list of the general and benefit specific exclusions under your coverage, please refer to your KFHP-MAS Evidence of Coverage (EOC). Your EOC provides you with information on what services and supplies will not be covered, regardless of whether the service is medically necessary.